Carlisle

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 18 1939

40480
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis / Registration District No. 668
(b) Township / Primary Registration District No. 3032 Registered No. 312
(c) or City Sedalia / (d) Street No. Bothwell Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Franklin Lee Houk
(a) Residence, No. 317 North Prospect St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo. 0

FATHER
13. NAME Martin Franklin Houk 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamestown Mo. /

MOTHER
15. MAIDEN NAME Marjorie Pauline Garst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeds N.D.

17. INFORMANT Martin F. Houk
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton, Mo. DATE Nov. 4, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Nov 3 1939 Mrs Harry Snell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th, 1939, to Nov 2nd, 1939
I last saw h. alive on Nov 3rd, 1939 Death is said to have occurred on the date stated above, at 1:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute Appendicitis	10-24-39
(2) General Septicemia	?
(3) Terminal Bilateral Pneumonia	10-30-39
(4) Rt. Psoas Abscess	?

Other contributory causes of importance:
Impetigo of Legs with Secondary Infection.

Name of operation Appendectomy Date of 10-24-39
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jno B. Carlisle M.D, M. D.
11/3/39 (Address) Sedalia Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number ----------
Date Filed 1/21/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.